

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/25/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUEEN ANNE HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2717 DEXTER AVENUE NORTH SEATTLE, WA 98109</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Queen Anne Health Care on 10/18/13, 10/21/13, 10/22/13, 10/23/13, 10/24/13 and 10/25/13. A sample of 30 residents was selected from a census of 104 and included 25 current residents and five discharged residents or closed medical records.</p> <p>Survey team members included:</p> <p>██████ MSW ██████ RN, BSN ██████ RN, BSN ██████ MSW</p> <p>The survey team is from: Department of Social and Health Services Aging and Long-term Support Administration Residential Care Facilities District 2, Unit E 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>Residential Care Services</i> 10/24/2013 Date</p>	F 000			

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TITLE

(X6) DATE

*John W. Ford* *JP* ADMINISTRATOR 11-13-2013

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 258 SS=D	<p><b>483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS</b></p> <p>The facility must provide for the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide residents on one of two floors with comfortable sound levels. Failure by the facility to address and remedy loud intermittent noise caused by a variety of service carts in halls by resident rooms resulted in disruption of at least three residents' ability to rest, sleep or carry on other activities without levels of noise which were uncomfortable.</p> <p>Findings include:</p> <p>On 10/22/13 at 7:52 am, cart with breakfast trays squeaked loudly as it was moved down the hall, past rooms 126 - 130 on first floor. As the cart, and the noise it made was observed, a staff member pushing the cart commented, "I know, it needs some oil". At 10:52 am on 10/22/13, a member of the maintenance staff pushed a black cart down the hall, past rooms 120-126, which made a loud rumbling noise as it moved past.</p> <p>On 10/23/13 at 1:30 pm, a staff member rolled a plastic barrel down the first floor hall. As it passed room 128, a resident there called out "Close the door please!" twice. At 1:33 pm., both residents of this room were interviewed. When asked how often they were affected by noise from carts and barrels in the hallway, one replied, "All the time - it's a little better if they keep the door closed, but</p>	F 258	<p><b>Pages 2 - 4</b></p> <p><b>F-258 Facility will provide comfortable sound levels.</b></p> <p><b>All carts and laundry barrels have been repaired as needed.</b></p> <p><b>Staff was in-serviced on November 8<sup>th</sup> to monitor and report equipment noise concerns to maintenance staff for prompt corrective action. Staff has also been inserviced to loud conversation and environmental sound levels in corridors and resident areas.</b></p> <p><b>All Managers will conduct rounds to verify appropriate noise levels.</b></p> <p><b>Administrator and Environment Managers will ensure compliance</b></p>	<b>12-14-13</b>	

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F 258	<p>Continued From page 2</p> <p>half the time they ignore the sign and leave it open ". Both residents said they were awakened in the morning by noise from carts going up and down the hall or doors slamming. "It's been that way since we got here..." "We have to yell at them to remind them to close the door". After the noon meal on 10/23/13, similar comments about being disturbed by noise from carts in the hall were made by a third resident.</p> <p>On 10/23/13 at 1:50 pm, a staff member rolled a linen barrel which rumbled loudly as it moved from down the hall past rooms 126 through 120, then down a second hall past rooms 118 through 112. At 1:53 pm, staff wheeled the barrel back up the same halls, again with a loud rumbling noise, as it is moved past resident rooms.</p> <p>On 10/24/13 between 7:32 am and 7:35 am, a black cart rolled up the hall past rooms 132 through 128. The wheels of this cart made a loud rumbling sound as it moved down the halls, then turned and moved loudly down the back hall past rooms 124 through 127, towards the loading dock.</p> <p>On 10/24/13 at 8:55 am, a staff member was talking loudly in the hall about a car. The door to room 128 was open, and a resident called out, "Close the door please!" twice. At 10:35 am on 10/24/13, a staff member rolled a metal cart in the hall past rooms 126 through 120, then past 118-117; the wheels of the cart clattered noisily as it was moved.</p> <p>On 10/25/13, similar observations were made at 10:05 am and 10:08 am, when a housekeeping cart was moved noisily down the hall past rooms</p>			F 258	F-258 on page 2		

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F 258	Continued From page 3  122-119 and around the corner to rooms 118 through 116. As the cart was pushed over a metal threshold, it made a louder noise as metal parts clanged together.  On 10/25/13 at 9:35 am, during an interview the Maintenance Director (Staff D), was asked about the facility's preventative maintenance program for equipment such as service carts. He said the wheels were cleaned and sprayed with a lubricant, or greased once a month. Carts and barrels had been lubricated in mid-October, per his report. When asked if anyone had mentioned noise from carts or barrels, he said staff had mentioned this noise in past, and nursing staff had put signs on resident doors about keeping doors closed. When observed on 10/22/13 through 10/25/13, doors to rooms #122, 124 and 128 each had signs posted saying "Thank you for re-closing the door on your way out. We appreciate the quiet"  On 10/25/13 at 10:50 am, Staff C, a Resident Care Manager, was asked about signs on doors to residents' rooms. She said the signs were put on doors to several resident rooms in response to resident complaints about noise from carts and laundry barrels, but wasn't sure when the signs were initiated.	F 258	<b>F-258 on page 2</b>		
F 329 SS=D	483.25(i) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate	F 329	<b>Pgs 4 – 7</b> <b>F-329 Facility ensures drug regimen is free from unnecessary drugs.</b>  <b>Continue on page 5</b>	<b>11-30-13</b>	

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F 329	<p>Continued From page 4</p> <p>indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of five residents (Resident #57) reviewed for unnecessary medication usage was offered non-pharmaceutical interventions prior to the receipt of an anti-anxiety medication.</p> <p>Findings include:</p> <p>Resident #57 was initially admitted to the facility in 2009. She was admitted for multiple medical diagnoses including delusional disorder, anxiety and depression. For these diagnoses, she was receiving multiple psychoactive medications including 0.5 mg of the anti-anxiety medication [REDACTED] on an as needed basis (PRN) up to three times daily.</p>	F 329	<p>Continued from page 4</p> <p>Resident # 57 has had non-pharmacological interventions added to EMAR (Electronic Medication Administration Record) to be utilized prior to administration of anti-anxiety medications.</p> <p>Audit was conducted for other residents receiving anti-anxiety drugs to ensure that non-pharmacological interventions were in place.</p> <p>Licensed Nursing staff has been educated regarding the format change of the EMAR and documentation requirements for non-pharmacological interventions prior to use of anti-anxiety medications.</p> <p>Audit will be conducted monthly in conjunction with the behavior management committee meeting with the results forwarded to the QAOI committee.</p> <p>DNS and Resident Care Managers will ensure ongoing compliance.</p>		

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F 329	Continued From page 5  An interview was conducted with Resident #57 on 10/21/13 at 11:30 a.m. She stated she was in pain most of the time which made her anxious but the facility gave her both [REDACTED] and a pain medication upon her request. When asked if she had tried or the facility had encouraged other interventions to help control her pain and anxiety, she stated no.  Review of Resident #57's most recent Electronic Medication Administration Record (EMAR) for the resident's use of [REDACTED] revealed she requested [REDACTED] at least daily, and frequently requested the medication three times daily. The EMAR also showed a physician order for "Alternatives prior to giving [REDACTED] 1:1 (one-to-one) reassurance, proceed to progress notes and document alternative and outcome."  Review of all progress notes for September and October 2013 and the documentation provided in the EMAR for these two months revealed no notes of any alternatives provided or the outcome of any use of an alternative prior to the administration of the Klonopin.  Review of Resident #57's "Point of Care" directives to Nursing Assistants (NAs) revealed a "Mood/Behavior" approach for the aides of "non-pharmacological approach. (Resident #57) responds well to 1:1 listening and validation." A review of the documentation of this approach provided by the facility revealed no notations of it's use or effectiveness by NAs.  Review of the facility's policy, titled "Problematic Behavior Management - Clinical Protocol" found the following: "The staff will use protocols to	F 329	<b>F-329 See pages 4 &amp; 5</b>		

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F 329	Continued From page 6 identify pertinent interventions, other than medications, for the nature and causes of the individuals problematic behavior."  On 10/24/2013 at 9:55 a.m., an interview was conducted with Staff G and Staff H, the two Resident Care Managers (RCMs) for the unit in which Resident #57 resided. When presented with the above information concerning non-pharmacological interventions, Staff H replied "Yes, there were no less restrictive alternatives tried."  The facility's failure to implement less restrictive, non-pharmacological interventions prior to or in conjunction with the administration of the Klonopin could have reduced the frequency of Resident #57's use of this medication.	F 329	<b>F-329 See pages 4 &amp; 5</b>		
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP  Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of food temperatures documented by the facility, they failed to consistently provide residents with meals that were palatable and at the proper temperature. Seven of sixteen residents interviewed identified problems with meals that were not palatable. Failure by the facility to	F 364	<b>Pgs 7 – 10 F-364 Facility will provide Residents with palatable meals served at the appropriated temperature.  Services were conducted immediately on the pellet system and steam table to correct the problem.  Continue on page 8</b>	<b>11-15-13</b>	

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F 364	<p>Continued From page 7</p> <p>ensure meals were palatable when served placed residents at risk for less than adequate nutritional intake.</p> <p>Findings include:</p> <p><b>RESIDENT INTERVIEWS:</b> During initial interviews with residents on 10/21/ and 10/22/13, seven residents identified problems with the palatability of meal. Each of these residents spoke on condition of anonymity, so resident identifiers will not be used. Feedback from residents about meals included comments that the food they received was "no good" "flat" "didn't taste good" and had "no flavor". Other comments included the facility served pasta too often, pancakes and toast were burned, and food was either not seasoned, or at times was too salty.</p> <p>Two residents identified problems with cold food. The first resident said food such as eggs and meat, which were supposed to be hot, were "usually cold" when served. This resident stated he/she had talked to staff about these concerns. A second resident reported concerns about food not being warm enough and generally not palatable as served.</p> <p><b>MEAL OBSERVATIONS:</b> On 10/24/13, during observations of the breakfast service, a test tray was requested at 8:10 am. At 8:12 am the cart with resident meal trays arrived on first floor. By 8:17 am, staff had completed serving breakfast trays to residents.</p> <p>At 8:18 am, the following food temperatures and other data was obtained from the test tray: A serving of scrambled eggs was 122 degrees</p>	F 364	<p><b>F-364 Contiued from page 7</b></p> <p><b>Dietary staff has been educated on the pellet system and the steam table operations as well as obtaining tray line temperature at the start of tray line.</b></p> <p><b>Administrative staff will participate in weekly test trays samples to ensure food is palatable and at appropriate temperature.</b></p> <p><b>Facility will obtain monthly feedback from Resident Council, Resident interviews and Food Committee with results forwarded to QAPI.</b></p> <p><b>Food Service Manager and facility Registered Dietician will monitor to assure compliance</b></p>		

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F 364	<p>Continued From page 8</p> <p>Fahrenheit (dF) and was barely warm, bland and slightly watery when tasted. The chopped ham was 120 dF and was extremely salty and difficult to eat. A slice of toast was 106 dF and was soggy and salty from soaking up the liquid from the ham.</p> <p>During a lunch meal service observation on 10/24/13, the main entree was Salisbury steak, mashed potatoes and steamed broccoli. Initial temperatures documented by staff for entree items prior to the lunch meal service were as follows: Salisbury steak= 190 dF; Mashed potatoes=190 dF; broccoli=185 dF.</p> <p>At 12:20 pm on 10/24/13, a test tray was requested and was placed on a cart with meal trays for first floor residents. The cart with meal trays arrived at 12:27 pm, and the last meal tray was served at 12:45 pm.</p> <p>Temperatures of hot food items on the test tray were measured at 12:46 pm. The Salisbury steak was 110 dF and barely warm when tasted. The temperature obtained for a serving of pureed steak was 118 dF, was slightly warm, and tasted more like a dressing made from bread, than meat. The mashed potatoes were 120 dF, lacked discernable seasoning and were not hot. The broccoli was 114 dF., barely warm, and lacked obvious seasoning.</p> <p>On 10/24/13 at 2:30 pm, interview with the facility's Registered Dietitian (Staff F) and Dietary Manager (Staff E) revealed they checked food temperatures using a test tray "about once a month", usually during lunch. When asked what temperature range was acceptable for hot food when served, Staff F replied 135 to 140 degrees.</p>	F 364	F-364 See pages 7 & 8		

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F 364	<p>Continued From page 9</p> <p>The results of both test trays were reviewed, including food temperatures of 120 dF or less. Both Staff E and F were surprised to hear the food temperatures were below planned levels.</p> <p>When Staff E and F were asked about observed temperature losses of 70 to 80 degrees for food on test trays, and resident complaints about cold food, Staff F stated the topic had been discussed with residents and a new system of heated "plate liners", designed to prevent heat loss, had been implemented in August 2013. When asked how many test trays they had completed to monitor food palatability during the months of September and October 2013, Staff F said one test tray was completed during September and none in October.</p> <p>On 10/25/13 at 8:55 am, Staff F was interviewed further about food temperatures and equipment. She said staff would be filling the steam tables with more and hotter water to keep food hot. She also said staff had prepared the wrong type of ham for breakfast on 10/24/13 and had used a saltier ham that was intended for soup.</p> <p>During a visit to the kitchen at 9:05 am, two representatives from the plate warmer company were on site checking over the plate warmer system. They advised staff to do a longer 'charge' for each plate liner to help maintain food temperatures during the meal service.</p>	F 364	<b>F-364 See pages 7 &amp; 8</b>		

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